

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:37 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Mr. President, I ask unanimous consent that following my remarks, Senator LEAHY be recognized next.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL GREAT OUTDOORS MONTH

Mr. DAINES. Mr. President, Montanans can tell you that nothing beats getting outdoors for hunting, skiing, fishing, backpacking—you name it; it is our way of life. In fact, after I graduated from Montana State University, I had to leave Montana to start my business career, but I came back to Montana while my knees were still good so I could spend my time enjoying all that Montana's outdoors have to offer. That is why I am excited that June is National Great Outdoors Month.

Montana's outdoors have a special meaning for me. In fact, I even proposed to my sweet wife Cindy some 31 years ago next month on the summit of Hyalite Peak, just south of Bozeman.

The value of Montana's outdoors is simply incredible. In fact, according to the Outdoor Industry Association, there are 64,000 Montanans whose jobs are directly tied to our outdoor recreation industry. In 2012, outdoor recreation generated almost \$6 billion in consumer spending in Montana alone. Nationally—taking this to the big picture of our great country—outdoor recreation generates \$887 billion in consumer spending each year and provides 7.6 million jobs.

Folks travel across our Nation, even from around the world, to come visit America's great outdoors. It is all right here in our backyard—in fact, for me literally. I grew up just about 90 miles from Yellowstone National Park. I went to kindergarten through college just 90 miles away from Yellowstone National Park, and I can tell you, I go back there every year with my family.

Whether it is hiking in Glacier National Park up in Northwest Montana, fly fishing the Gallatin River that Brad Pitt and Robert Redford made famous with that great movie "A River Runs Through It"—which runs right by my hometown—or skiing at Whitefish, Big Sky, or floating down the Madison on a hot summer day, we can take these things for granted. That is why it is so important to recognize the value of the outdoors during National Great Outdoors Month. If you visit one of our national parks or if you go on a white water rafting tour, you are not only

getting a great experience yourself, you know you are giving back to our local economy, and you are helping create jobs.

I want to encourage everyone to recognize National Great Outdoors Month by joining me and getting out there. Don't just talk about it. Get outdoors and experience all that the outdoors has to offer.

I yield my time.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I thank my colleague from Montana. I have hiked in his State before, and it is a wonderful place. Their mountains are a tad higher than ours, but both my wife and I love hiking in the mountains, and I have enjoyed his State.

HEALTHCARE LEGISLATION

Mr. President, for the last 7 years, we have heard Republicans in Congress campaign on the pledge to repeal the Affordable Care Act. For 7 years they have said: We are going to repeal it and replace it. State to State, district to district, like President Trump, they pledged to repeal and replace the health reform bill that made access to affordable healthcare a reality for millions of Americans.

One would think—and what I get asked in Vermont is—when they campaigned for 7 years that they were going to repeal and replace it as soon as they were in power, you would think they would have a plan to do that. But it seems there is no plan. Instead, there are a dozen or so Republican lawmakers meeting behind closed doors. And they are shielded from public view. I don't think any other Members of Congress are allowed in their presence—lobbyists, but no Members of Congress. They say they have negotiated, finally, a grand plan to repeal the Affordable Care Act—and oh, by the way, a plan that makes devastating cuts to the Medicaid Program. And they have done this with no hearings, no debate, no process, no showing what the cost would be, and no bill. They are keeping a tight lid on the decisions they are making for the rest of America. What I get asked back home in Vermont is: What are they so afraid of? We are about to find out.

We hear they still intend to bring this yet-to-be-finalized bill to the Senate floor very soon under the expedited reconciliation process, without even the most basic vetting and transparency. Not only is this latest TrumpCare plan that is about to be foisted on the American people and on the Senate not ready for prime time; it is not fit for prime time. It is really nothing short of shameful.

Certainly, in my decades here in the Senate, I have never seen anything by either Republican or Democratic majorities done like this. In fact, I will give you an idea of how it can be done differently.

When the Democrats were in control, before we passed the Affordable Care Act, the Senate held over 100 hearings

on the issue. Republicans haven't held one. We had over 100 hearings. We had roundtables on health reform. Hundreds of amendments were considered by the Senate Finance and HELP Committees during an exhaustive markup process, with 160 amendments by Republican Senators adopted. The process itself stretched for so long—more than a year—in the vain hope that Republicans would come to the table and stay at the table. In fact, the final Senate bill included more than 145 Republican-authored amendments, and it was posted for every single person in America to see for nearly a week before the Finance Committee marked it up. The same can be said for the HELP Committee. Then, more than 160 hours were spent on this Senate floor in considering the Affordable Care Act. Everybody had an opportunity to speak on it. That is when the Democrats controlled the Senate.

What is happening with the Republicans? Will they have 100 hearings? No, they have not had one single hearing, and they are not having any debate and not having any process. We don't even know what this is going to cost. And as of right now, there is no bill.

In the House and now in the Senate, this charade boils down to bumper sticker politics. It is not a solid, seriously vetted, workable, fair and equitable plan or policy. Let's see what happens when you do it this way.

After this bill passed in the House—a bill that no one had read—even the Secretary admitted he hadn't read it. After it passed and people had a chance to see what was in it, what did we find out? That 23 million Americans were going to lose coverage. And then the President proposed a budget that assumes savings from the repeal of the Affordable Care Act through big, big cuts to the Medicaid Program.

Under the House-passed TrumpCare bill, the State of Vermont will spend hundreds of millions more on Medicaid to compensate for the loss of Federal funds targeted by President Trump and the House Republicans. Under the House-passed TrumpCare bill, premiums are expected to rise by 20 percent. Seniors—many of whom live on fixed incomes—will be charged five times more than younger enrollees under the House-passed TrumpCare bill. Well, that translates north of \$4,400 in increased healthcare costs for Vermonters between the ages of 55 and 64.

Notwithstanding the millions of people being thrown off the list, notwithstanding the cuts to Medicaid, President Trump joined Republicans at the White House, and he celebrated the House-passed bill. He celebrated. He said: Look what we can do with me as President. They all applauded, and they were all so happy.

Then somebody must have finally read the bill. Somebody at the White House must have read the bill and actually told the President what was in the bill that he was praising. And then,

in a sudden about-face, he described the House-passed bill as “mean.” “Mean” is what President Trump said of the House GOP healthcare plan.

Some back home may find it a surprise that I could be in agreement with President Trump, but do you know what? President Trump is right. I am saying it right here on the floor: President Trump is right. The House-passed bill that he praised is mean. It is mean because it would do so much harm to so many Americans.

It is untenable. It is unrealistic. And if Senate Republicans think they can fix it behind closed doors, they are wrong. We should be working together, Republicans and Democrats—together—to improve the Affordable Care Act. If there are parts where it is flawed, let's fix it. If there are parts where it could be improved, let's join together and strengthen it. Let's not double down on Americans at a time when their President is turning his back on the very programs that support our social safety net. Women and children and low-income Americans and small businesses alike are all going to suffer under his plans.

We 100, as representatives of our constituents—I think we have a responsibility to give voice to their concerns. We 100 Senators are elected to represent 350 million Americans. We are supposed to be the conscience of the Nation. Maybe it is time that each one of us, Republicans and Democrats alike, started listening to what Americans say about healthcare.

A family physician from Manchester, VT, wrote to me saying: “I do not support efforts to roll back or eliminate the patient-centered insurance reforms established in recent years that prohibit discrimination against patients due to their race, gender, health status, or geographic location. These reforms matter to the everyday lives of our patients.”

Someone from Brattleboro, VT, wrote: “I am writing to ask what I can do to help stop Medicaid from being changed to the system being promoted by the Republican majority.”

From Jericho, VT: “I had Hodgkin's lymphoma 3 years ago and was fortunate to have insurance to cover most of the roughly \$100,000 bill. Having had cancer is stressful enough without constantly worrying about severe financial consequences if it strikes again.”

From Bennington, VT: “Being patient-centered means we put the patient first. As a physician and advocate for my patients, I do not want any of them to be hurt by the actions Congress takes or fails to take.”

And then from Manchester Center, VT: “I will be one of the [20 million] people to lose their health insurance when the Trump administration almost certainly repeals the ACA in a few months. Tax credits will not help me to regain it.”

And from the small town of Sandgate, VT: “My son has a chronic illness that, without our insurance,

would cost \$1,000 per month in prescriptions alone. That doesn't even cover the regular checkups. Right now he is covered, but, as I'm sure you remember from when you first got out of college or high school, we know that he may not have as good coverage when he gets out on his own. The Republican plan is a death sentence for him.”

The Republican plan is a death sentence for him.

These are real people. These are real stories about their lives, and I am willing to guess that there are similar people in virtually every State in this country with more stories like these.

This isn't a political campaign. This is about life and death and access to healthcare. For these Vermonters and for millions of Americans across the country, the decisions we make here will have consequences—real consequences in their lives. Every Senator should think about that before we hastily undo years of progress to increase affordable access to healthcare for millions of Americans.

The Republican majority, led on, cheered on by President Trump, passed a bill which would take so many millions of people off of healthcare. It would devastate Medicaid. It would make it so much more difficult for people to get healthcare. Then the bill they fought so hard to pass, the bill they cheered on, the bill they celebrated in the Rose Garden with President Trump, finally, somebody read what they passed. What a novel idea. They had all voted on it. They had all gone home. The President had praised them. I remember the pictures of them beaming in the praise of the President. Well, somebody finally read the bill and told the President, and he said that bill is “mean.” The House GOP healthcare plan—that bill is “mean.”

Well, I agree with President Trump, but you know what they are pushing now—he and his administration—the Senate bill; yet nobody has seen the Senate bill. Nobody knows how many people are being cut off the roll. Nobody knows how many people are going to be without healthcare. Nobody knows how large the cuts will be to Medicaid. Nobody knows how much our 50 States are going to be hurt by it. Nobody knows which millions of Americans—good, hard-working, honest Americans—are going to lose healthcare in the wealthiest, most powerful Nation on Earth.

Will that be celebrated? Then, after it is passed, will somebody at the White House whisper to the President: The Senate bill is pretty mean, too. The Senate bill is pretty mean, but by golly, we got it passed. We had it on our bumper stickers that we would, and we got it passed. We are wealthy. We will have our healthcare. Too bad for those tens of millions of Americans who won't.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. MURKOWSKI. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Ms. MURKOWSKI. Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet.

I ask unanimous consent that a list of committees requesting authority to meet be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Committee on Armed Services
Committee on Energy and Natural Resources
Committee on Foreign Relations
Committee on the Judiciary
Committee on Intelligence
Subcommittee on Communications, Technology, Innovation, and the Internet
Subcommittee on Public Lands, Forests, and Mining
Subcommittee on Multilateral International Development, Multilateral Institutions, and International Economic, Energy, and Environmental Policy
Subcommittee on Crime and Terrorism
40TH ANNIVERSARY OF THE TRANS-ALASKA PIPELINE SYSTEM

Ms. MURKOWSKI. Mr. President, I have come to the floor this afternoon to mark the 40th anniversary of the first oil moving through the Trans-Alaska Pipeline System. In Alaska, we call it TAPS. This is an 800-mile-long engineering marvel that runs from the North Slope of Alaska to tidewater in Valdez.

Forty years is a good, long history. I recognize that, and so this afternoon, in the interest of time, I will abbreviate the history, but I want to start the story of our pipeline in the late 1960s. Believe it or not, this was a pretty bleak moment for oil exploration in Alaska. Despite great promise, many companies had given up on exploration on the North Slope. By some accounts, at that point in time, there were at least 14 dry holes that had been drilled before ARCO and Humble Oil Company decided they were going to sink just one last well. It was actually an ARCO executive who described it “more as a decision not to cancel a well already scheduled to go ahead.”

That well, Prudhoe Bay State No. 1, would prove to be a game changer for Alaska. We had discovered oil. We discovered oil on the North Slope and a lot of it. We quickly learned that Prudhoe Bay would be one of the largest oilfields in global history, by far the largest ever discovered in the United States. Early estimates, at that time, suggested as much as 9 billion barrels of oil could be recovered from it. We have learned over these intervening 40 years that we so far underestimated that.

Yet it was not just the issue of discovering the oil. Prudhoe Bay is located in a very remote part of the State, as far north as you can go—a pretty inhospitable area given the climate—far away from population centers in the lower 48. So a lot of challenges needed to be overcome before production could begin.

Initially, it was like, OK, how do we move significant quantities of oil? How do we transport this oil to market? It was Dan Yergin, in his book “*The Prize*,” who did a great job of describing the various choices that were out there.

He wrote: “Icebreaker tankers that would travel through the frozen Arctic seas to the Atlantic were seriously considered. Other suggestions included a monorail or fleet of trucks in permanent circulation on an eight-lane highway across Alaska.”

They then “calculated that it would require most of the trucks in America” to do this. There was also “a prominent nuclear physicist recommended a fleet of nuclear-powered submarine tankers that would travel under the polar ice cap to a deepwater port in Greenland—the port to be created, in turn, by a nuclear explosion. Boeing and Lockheed explored the idea of jumbo jet oil tankers.”

Obviously, none of those ideas came about, and some probably for very good reason, but after significant study and debate, a pipeline emerged as the best way to transport Alaska’s oil. While two routes were considered—one over land, which would run across Canada—an all-Alaska route was ultimately chosen as the best way to go.

Yet, even then, pipeline construction could not begin right away. There were serious debates in the State over issues like taxes and tariffs and pipeline ownership, and it really consumed our State’s legislature for years. The land claims of the Alaska Natives needed to be settled. This occurred in the landmark legislation that passed in 1971.

Then it was in 1973 that Congress took up the Trans-Alaska Pipeline Authorization Act. As part of that debate here on the Senate floor, Alaska’s Senators offered an amendment to deem the environmental impact statement for the pipeline to be sufficient and to shield it from what could have been decades of litigation by its opponents. This was a critically important aspect to the debate and really to the future of the pipeline in order to ensure that this construction would not be delayed by litigation.

The vote was as close as votes get here in the Senate. It was deadlocked 49 to 49, and sitting in that chair, the Vice President at the time, Spiro Agnew, cast the deciding vote in Alaska’s favor. So every time I see the bust out here of Vice President Agnew, I look at him. Other people reflect on Vice President Agnew in different ways. I reflect on that deciding vote that allowed us to proceed with our Trans-Alaska Pipeline.

The pipeline bill went on to pass the Senate on a strong bipartisan basis. Not long after that, then-President Richard Nixon signed it into law. This was tremendous news for Alaska because we would be allowed to move forward with the construction.

The construction of this pipeline was a monumental undertaking, but that monumental undertaking was also done with considerable speed. In April of 1974, construction on a 360-mile haul road began. We now call it the Dalton Highway. It was finished in 154 days.

For those of you who have heard my plea on the floor and to colleagues who have been in committees when I have talked about the history of my efforts to try to get a 10-mile, one-lane, gravel, noncommercial-use road for the people of King Cove, I think about what we were able to accomplish in 154 days with that haul road that allowed us to then help to facilitate the build-out of the pipeline.

The pipeline itself was the largest privately funded infrastructure project ever undertaken in America at the time. It was significant. It was significant for Alaska, of course, but it was significant for the Nation as well. Its total cost came to be about \$8 billion. In October of 1975, there were about 28,000 people who were working to make this pipeline a reality, and that pipeline was completed in 1977. Again, initial construction of the haul road began in 1974. It was completed in October 1977, which was just 3 years and 2 months after construction began. I am told it was actually 10 days ahead of schedule, according to one estimate, which is pretty remarkable.

The Trans-Alaska Pipeline—and I cannot find a picture that really shows the line well—an extraordinary line, which again, is 800 miles long, running from the North Slope to an ice-free Port of Valdez at tidewater. It crosses three mountain ranges, including Atigun Pass, which has an elevation of more than 4,800 feet. It reaches a grade of 55 degrees at one point in the Chugach Range. So it goes up incredible mountains and down the other side. It crosses more than 600 streams and rivers, and more than 400 miles of it are elevated above the ground.

We have it elevated aboveground here, but in certain areas, you can follow the pipeline either by air, or occasionally, you can see it from the road. It is probably one of the most photographed pipelines in the country, but you will see it go underground in many areas. About half of it is buried underground.

This was part of the engineering that allowed for the recognition that you are building in a permafrost area, so it is how you ensure that you are not having an impact in the ground and the area around it.

It crosses a major fault line, the Denali Fault. Back in November of 2002, we had a 7.9 magnitude earthquake just about 90 miles from Fairbanks on that Denali Fault. The pipe

moved 7½ feet horizontally—moving back and forth this way—and 2½ feet vertically. This pipeline was designed for an 8.5 earthquake. It allows for 20 feet of horizontal movement and 5 feet of vertical movement.

The engineers not only worked to cross some extraordinary terrain but also recognized that this was in an area in which earthquakes did happen. It is extraordinary to listen to the stories of the engineers who inspected every inch of that line after that earthquake in 2002 and to hear their comments about, truly, this engineering marvel.

There are so many stories about the construction of the pipeline just as Alaskans, as we have lived through those pipeline years. It is hard to really capture what it was like to be in Alaska during the time of the construction of that line. We saw our population boom as we saw new workers come into the State. I was living in Fairbanks at the time. I was a high school student and was going into college there. Obviously, that was my town. In my town, all of a sudden there were people from Louisiana, Texas, and Oklahoma. I can remember seeing guys in cowboy boots in Fairbanks in the winter on the ice and thinking that these guys are going to figure out how to change their footwear. But we worked to welcome these people who were there to really help make a difference.

There were pressures on our community. You could not find a hotel room. You couldn’t find a rental car. It was hard for the grocery stores to keep the shelves stocked in many of the towns. We saw a significant investment in our communities in many different ways. There were a lot of wild stories and tales, some which are appropriate to tell years afterward, some which still keep us smiling, but we do not talk too much about them. There are many good stories out there.

I am proud of this extraordinary infrastructure that we have in Alaska—an extraordinary energy asset—and to be celebrating the fact that, for 40 years now, this pipeline has been not only contributing to Alaska, but contributing to the Nation as something that, as Alaskans, we do look to with pride.

This pipeline is not just a piece of pipe; it is an economic lifeline for the State of Alaska. Over the course of 40 years, TAPS has become the veritable backbone of our State’s economy. It has helped us create jobs to the point at which our oil and gas industry either employs or supports fully one-third of the Alaskan workforce. So it is pretty significant in terms of its impact.

It has generated tremendous revenue for our State, some \$168 billion at last count, which has been used for everything from roads, to schools, to essential services. It really has helped build the State and continues to allow our State to operate.

TAPS has allowed us to create our permanent fund, which we have used to

convert the revenues from a nonrenewable resource—oil—into something that will make an enduring contribution to the growth and the prosperity of future generations.

Our pipeline has also allowed us to keep our tax burdens low, which is critical in a State like Alaska, where the cost of living is extraordinarily high. Alaska has one of the lowest tax burdens of any State, and that is thanks to the Trans-Alaska Pipeline System. It also allows us to keep other industries, whether it is fishing or tourism—keep their taxes much lower than they would otherwise be. The scale of this is often hard to imagine.

Dr. Terrence Cole, who is a history professor at the University of Alaska, put it this way back in 2004: “Prudhoe Bay oil was worth more than everything that has been dug out, cut down, caught, or killed in Alaska since the beginning of time. The discovery of the Prudhoe Bay oil field in the late 1960s fulfilled even the most optimistic dreams for statehood.”

From day one, Alaska’s pipeline has also strengthened the energy security of our Nation. Remember, TAPS began operating in the wake of the first Arab oil embargo. It helped tide us over during the 1979 oil crisis. It has insulated us from OPEC and has lessened our dependence on nations who do not share our interests. It has provided reliable and affordable energy that is needed by millions of Americans all up and down the west coast. It really is hard to imagine Alaska without the Trans-Alaska Pipeline. It is hard to imagine the consequences that America would have faced without the 17.5 billion barrels of oil that it has now safely carried to market. Think about that—17.5 billion barrels of oil over the past 40 years. It is no exaggeration to say that, while we built a pipeline, that pipeline helped us build our State.

Today, as we mark the 40th anniversary of TAPS, we can also take stock of the challenges that it faces. Many are a direct result of the decisions made—or perhaps not made—in this very Chamber. While our pipeline once carried 2.1 million barrels of oil per day, accounting for a full quarter of America’s supply, today, that amount has been crimped down to just over 500,000 barrels a day. It is not due to lack of resources—not at all—but instead it is due to our lack of access to those resources. Alaska has never lacked for energy, just the permission to produce it, despite the promises that had been made to us at statehood and beyond.

According to the Federal Energy Information Administration, we have at least 36.9 billion barrels of oil. That is enough to produce 1 million barrels a day for the next 100 years. We have prolific potential in our National Petroleum Reserve, which was specifically set aside for oil production. We have world-class resources in our offshore areas, in the Beaufort, and in the Chukchi Seas in our Arctic Outer Con-

tinental Shelf. We have what is believed to be North America’s largest untapped conventional oil field, which would occupy about one ten-thousandth of the nonwilderness 1002 Area within the Arctic National Wildlife Refuge. Again, this is an area that was specifically set aside for development, and the Federal Government recommended that it be opened for that purpose back in 1987—a 30-year anniversary there.

So while we have the resources, what we need are partners at the Federal level who will work with us to restore throughput to the Trans-Alaska Pipeline. I welcome the new administration and its commitment to helping us produce energy—energy for Alaska, energy for the Nation.

I want to end with a quote from the Fairbanks Daily News-Miner. This is an opinion piece by VADM Tom Barrett, who is the president of Alyeska Pipeline Service Company. This is the TAPS operator. He has written this opinion piece, and he states as follows: “Though there has been a lot of change on TAPS in 40 years, one unwavering constant remains: the commitment of the people who work on TAPS today to provide safe, reliable, operational excellence, 24 hours a day, seven days a week, resilient amid all of Alaska’s extreme geography and weather.”

I think about the men and women—the engineers, the workers, the contractors, and all those who do such an incredible job to deal with the day-to-day to keep that oil flowing safely. Again, as we recognize 40 years of safely transporting this oil, I want to repeat to my colleagues: TAPS, or the Trans-Alaska Pipeline System, is not just a pipeline; it is an economic lifeline for us. It is source of security and prosperity for us as a nation.

So I join my delegation and my colleagues—Senator SULLIVAN and Congressman YOUNG—and all of the Alaskans who are marking this anniversary today, as TAPS reaches 40 good years. We look back, and we appreciate the past, but we also look forward and set our sights on another good 40 years to come.

Mr. President, I thank you, and I yield the floor.

The PRESIDING OFFICER (Mr. HOEVEN). The Senator from New Mexico.

HEALTHCARE LEGISLATION

Mr. UDALL. Mr. President, I am happy to be joined today on the floor by Senator HEINRICH, who has been a real fighter for healthcare for New Mexicans, and I am looking forward to staying on the floor and hearing him talk about how he feels about this Republican healthcare bill as well.

I rise today for the third time this session to oppose plans by President Trump and the Republicans to gut our healthcare system and to throw millions of Americans off their health insurance.

On May 4 of this year, the day that House Republicans narrowly passed

their TrumpCare bill, the President held a celebration at the White House in the Rose Garden and pronounced the bill a great plan.

Well, TrumpCare may be a great plan if you are wealthy and healthy, because if you are wealthy you get big tax cuts and if you are healthy, your premiums may not go up, and may even go down—that is, until you are sick.

TrumpCare is not a great plan if you are over the age of 62, if you are a hard-working family trying to make ends meet, if you live in a rural area, if you have or have not had an illness like cancer or heart disease or diabetes, or if you are a woman. Twenty-three million Americans will be left high and dry—out of health insurance by 2026. They don’t think TrumpCare is a great plan. To them, it is a mean plan. Actually, those were President Trump’s own words several weeks after the Rose Garden celebration. President Trump came clean with the Senate Republicans, admonishing them that the bill is “mean” and needs to be more “generous, kind, and with heart.” For the first time since his inauguration, I agree with the President on healthcare.

Since day one of the 115th Congress, Republicans have had the Affordable Care Act in their sights, and so has the President. They have tried mightily to do away with the rights and benefits under the ACA. But there is good news. The American people have rallied. They have called, they have emailed, and they have gone to town halls. They have marched, they have made their views known, and they have shared their stories. So far, they have stopped Republicans from gutting our healthcare system.

Just this past Saturday in my home State, simultaneous rallies in opposition to TrumpCare took place in 20 counties. I say to them: Keep up the fight, and I will continue to fight as hard as I can. We need to do all we can to stop this attack on healthcare.

The consequences of upending our healthcare system are enormous. They are enormous for the 20 million Americans who now have healthcare because of the ACA through private insurance and through Medicaid expansion. TrumpCare hurts the most vulnerable—the elderly, the disabled, and those with fewer resources.

The consequences of gutting the ACA and restructuring Medicaid are enormous for our economy, one-sixth of which is related to healthcare. They are enormous for hospitals that rely on third-party reimbursements under the ACA and Medicaid expansion. These hospitals need those revenues, and even more so for rural hospitals that keep their doors open thanks to the ACA, as well as the Indian Healthcare Service facilities, which have reduced wait times and added services because of the ACA.

But the majority in Congress refuses to hold hearings, and they are blocking all public participation. This is unconscionable, and it is undemocratic.

Before Democrats voted on ObamaCare, the Senate held 100 committee hearings, roundtables, and walk-throughs. The final Senate bill included 147 Republican amendments. The majority leader has missed an opportunity for political and moral leadership on one of the most important issues we face. Senator MCCONNELL should have an honest and open process, including Senate committee hearings, with full public participation and a chance for patients to tell Congress how this proposal impacts them—not hidden meanings, not limited debate and a simple majority vote.

Americans deserve an open process from their elected leaders. That is why I introduced a bill last week with my Democratic colleagues called the No Hearing, No Vote Act. This bill would require a public committee hearing for any legislation that goes through the fast-track budget reconciliation process, including the TrumpCare legislation.

Members of Congress were elected to improve lives, not destroy them, and I believe we need bipartisan cooperation to ensure we don't do that.

If we wanted to improve on ObamaCare, we could: No 1, make sure that all Americans have healthcare; and No. 2, make healthcare more affordable.

So I will tell my colleagues what is really happening here. The American people don't want the benefits they have gained through ObamaCare to be repealed and replaced with an inferior plan. They do not support TrumpCare. Only 17 percent of Americans support the House Republicans' current bill. With this degree of public opposition, it is baffling that Republicans keep pushing the bill that kicks 23 million Americans off their healthcare.

But the moral underpinnings of TrumpCare are as bankrupt as Trump's New Jersey casinos. The winners of TrumpCare are the wealthy, and the Republicans are plainly serving those interests. The Republicans can keep trying to hide TrumpCare, but Americans understand that it is just plain wrong.

I want to talk about a few of the ways that it is just plain wrong. While women make up half of our population, no women serve on Senator MCCONNELL's healthcare working group. Yet women are uniquely affected by TrumpCare. For example, the range of cost-free preventive services under the Affordable Care Act includes screenings for breast cancer, including mammograms, bone density screenings, cervical cancer screenings, domestic violence screenings and counseling, breast feeding counseling and equipment, contraception, and folic acid supplements. All of these services were critical to maintaining women's health and the health of their babies as well.

New Mexico leads the Nation in the percentage of births that are covered by Medicaid at 72 percent of all births

in the State. So these services that are now available to every woman are essential.

TrumpCare would repeal the cost-free preventive care requirements for the Medicaid expansion population. Not only would this repeal risk the health of women and their babies, but it would result in increased medical care costs overall. Preventive medical services save money in the long run.

The Affordable Care Act requires insurance plans to provide a range of essential health benefits. For women, these required services include maternity and newborn child care. But TrumpCare would allow States to apply for a waiver to define their own essential health benefits beginning in 2020. So States could choose to exclude maternity and newborn care, and women would end up paying more for this care. The result is women not getting the care they need.

TrumpCare would cut Medicaid funding to Planned Parenthood for 1 year. Planned Parenthood provides preventive medical and reproductive health services to women and men, and Planned Parenthood funding provides a safety net to low-income women. According to the CBO, cutting off Medicaid payments to Planned Parenthood for 1 year would mean a total loss of access to services in some low-income communities because Planned Parenthood is the only public provider in some regions.

Take Elena from Albuquerque, NM. When she was 30 years old and in law school, Elena found out that she had the BRCA gene mutation, which puts her at a much higher risk for breast and ovarian cancer. The treatments for the BRCA gene mutation include a mastectomy and ovary removal—treatments she couldn't afford.

Thankfully, Elena qualified for Medicaid under the expansion. She got her breast cancer screenings and decided to have a mastectomy because of the cancer scare. Elena had three surgeries, costing thousands of dollars, covered by Medicaid, and now the chances of her getting breast cancer are very low. But Elena now worries that if she decides to have her ovaries removed and TrumpCare becomes law, she will not be able to have this potentially life-saving surgery. If she has had a lapse in Medicaid coverage, her Medicaid expansion coverage will be gone, and because TrumpCare would end the ban against insurance companies denying coverage for people with preexisting conditions, she may never be able to get insurance or surgery.

Public schools and schoolchildren will be hurt by TrumpCare. Schools are now eligible to receive Medicaid funds for necessary medical services for children with disabilities. Schools are reimbursed for vision, hearing, and mental health screenings. These services help children get services early so they can be ready to learn.

Right now, New Mexico schools are reimbursed \$18 million from Medicaid,

but under TrumpCare, States would not have to consider schools' Medicaid-eligible providers, and the costs would be on the public schools. The problem is, New Mexico public schools cannot take on these kinds of costs. That might mean hundreds of schoolchildren each year will go without vision, hearing, and mental health treatment because no one else will be able to provide them.

Dr. Lynn McIlroy, superintendent of the Loving Municipal Schools, a rural school district in Southeastern New Mexico, said:

Medicaid funding is vital to our continuum of care and service to the majority of our students. Often, our school nurse is the only medical professional our students ever see.

New Mexico has one of the highest percent Native American populations in the country, more than 10 percent of our residents. Even though many Native Americans receive healthcare through the Indian Health Service, IHS has not always been able to provide needed care due to a lack of funding. Medicaid expansion has changed that and changed that dramatically.

Dr. Valory Wangler, who works with the Zuni Pueblo, says: Since the Affordable Care Act, patients of Zuni have access to special services that were once difficult to fund and often delayed or denied.

An IHS physician working on the Zuni Reservation had a patient with severe arthritis that was making it difficult for her to stay physically active and work at a local school. She needed knee replacement surgery. Before Medicaid expansion, IHS had trouble funding knee replacements, and the surgery was denied for years because IHS could only afford to pay for life and loss of limb services. This patient is now on the Medicaid expansion. She was able to get a total knee replacement, is working full time, staying fit, and is no longer in pain.

One of the ACA's most popular provisions is the protection from discrimination if you have a preexisting condition. This is one of the most mystifying parts of TrumpCare. Republicans would end that protection by allowing States to waive out and set up high-risk pools.

All of us know someone with a serious illness or condition, like Kitt here. Kitt is 4½ years old and has type I diabetes that will require lifelong care. Her mother Dana is worried about TrumpCare. Dana says: It breaks my heart that elected officials are leaning toward dropping the Federal mandate to guarantee affordable health insurance for those with preexisting conditions. Sit down with a child who has an unbearable disease and be their warrior in DC to make everything possible for that special soul and their family to have an easier tomorrow.

I hope we will all be those warriors to protect that healthcare program which has been put in place for them.

I yield to Senator HEINRICH.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HEINRICH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HEINRICH. Mr. President, I want to start by thanking my colleague from New Mexico, Senator UDALL, for his advocacy on behalf of the pieces and parts of our healthcare system that are so important to the State of New Mexico. Things like rural hospitals, opioid treatment, Indian Country, he has been an incredible champion on those. That is part of the reason why both of us come to the floor today, given what is at stake.

Last month, President Trump and House Republicans rushed through a disastrous healthcare bill that would leave average New Mexico families paying thousands of dollars more for less healthcare coverage. It would destroy the Medicaid Program as it currently exists in our State and throw our entire healthcare system into chaos. Now Senate Republicans are drafting their own version of a similar healthcare bill in complete secret, behind closed doors, with absolutely none—bipartisan input.

This lack of transparency and departure from regular order is unacceptable and deeply irresponsible, especially when every single American family's healthcare coverage is at stake if this bill ever becomes law.

While we don't know for sure what the Senate Republicans' version of TrumpCare will look like, media reports say it is shaping up to look more and more like the train wreck of a bill that President Trump and House Republicans celebrated in the White House Rose Garden just a couple months ago, a bill President Trump reportedly said in another closed-door meeting with Republican Senators last week was, in his words, "mean" and cold-hearted.

The House-passed TrumpCare bill is devastating to low-income families, to seniors, to Americans living with pre-existing conditions. This isn't so much a healthcare bill as it is a tax cut for the ultrarich masquerading as healthcare reform. You don't have to take my word for it. You can look at how the nonpartisan Congressional Budget Office described its projected impacts of the House-passed TrumpCare bill.

According to the CBO's analysis, TrumpCare would strip 14 million of their health insurance next year and 23 million by 2026, all to give tax breaks to the wealthiest of Americans. That is reckless, and frankly it is inexcusable by any measure.

How would the bill do that? The House-passed bill, which again seems to be the baseline for the ongoing secret negotiations here in the Senate, would slash funding for the Medicaid

Program by hundreds of billions of dollars and end the need-based tax credits for individual healthcare market plans under the ACA.

I have heard from so many New Mexicans who have told me how access to healthcare coverage has helped their families and, in some cases, even saved their lives.

I recently met with patients at the Ben Archer Health Center, a rural health clinic in Hatch, NM, and heard firsthand how important Medicaid coverage can be to families in Southern New Mexico. One of the New Mexicans I met there was Anna Marie, a Las Cruces native who worked for the Las Cruces public food service for 22 years.

Anna Marie's husband passed away in 2008, and when she found herself unable to keep working following a minor stroke, she could not afford healthcare coverage on her own. When she reached out to my office last year, she had bronchitis and walking pneumonia. My staff helped her enroll in Medicaid, and now she is able to get access to the care she needs.

I want to take a moment to explain why the Medicaid Program is so critical in my home State of New Mexico. As a Medicaid expansion State, New Mexico has seen dramatic gains over the last 5 years in coverage for the folks who need it the most. Stories like Anna Marie's illustrate just how important Medicaid can be for hard-working New Mexicans.

Medicaid currently provides affordable healthcare coverage to over 900,000 New Mexicans, including many schoolchildren, seniors in nursing homes and long-term care facilities, people with disabilities, and people who need treatment for mental health and addiction.

Just one example of the wide-ranging consequences of the Republican healthcare plan's drastic cuts to the Medicaid Program would be the end to any possible progress we have made so far in fighting the opioid and heroin epidemic. The opioid addiction epidemic has been deeply felt in communities across the State of New Mexico. For years, without adequate treatment resources, our State has suffered through some of the highest rates of opioid and heroin addiction in the Nation.

I would just note that today a story came out about how we hospitalized in the ER long-term care or hospital care 1.3 million Americans last year because of this epidemic. However, when provided with an opportunity to receive comprehensive treatment and rehabilitation, people who have suffered through the trials of opioid addiction can and do turn their lives around.

Evidence-based treatment works, but it is only possible when we devote real resources to pay for it. So much of that comes directly through the Medicaid Program. As we can see on this chart, Medicaid pays for 30 percent of opioid medication-assisted treatment in New Mexico—30 percent. It is the foundation to build on for opioid treatment.

In States like West Virginia, Ohio, and Kentucky, Medicaid pays for nearly half of opioid treatment payments. This came up just last Friday when the White House hosted its first meeting for President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. The President's top advisers probably didn't hear what they would have liked to from the advocates who have been on the front lines of fighting the growing opioid crisis.

For example, Dr. Joe Parks, the medical director for the National Council for Behavioral Health, told the President's Commission:

Medicaid is the largest national payer for addiction and mental health treatment. Since the majority of increased opiate deaths and suicide occur in young and middle-aged adults, which is the Medicaid expansion population, the Medicaid expansions must be maintained and completed.

It is nothing short of hypocrisy for the Trump White House to claim it is taking steps to address the opioid epidemic when it is helping Republicans in Congress push through legislation that would end the Medicaid Program as we know it. Slashing hundreds of billions of dollars in Federal funding from the Medicaid Program will ultimately pass all of those costs on to the States. Let me give a sense for just how big a burden that would be.

In New Mexico, it is estimated that our State government would have to either come up with a way to raise \$11 billion of new taxes over the next decade or cut the equivalent amount of coverage for the hundreds of thousands of New Mexicans who rely on the program. That is a hit to the State budget of 1 billion-plus dollars a year. This would have an especially hard impact on our State's rural communities.

When you go to small towns in New Mexico, like Clayton, Raton, and Santa Rosa, as I did last fall on a rural healthcare listening tour, you see right away the vital role hospitals play in rural communities. In most cases, these hospitals are the only healthcare providers for many miles in any direction.

Hospitals are also often the major employer in these small towns. Rural healthcare providers face enormous challenges because it is financially difficult to provide care to populations that live over vast spaces and are, on average, older, less affluent, and more prone to chronic diseases than those in more urban and suburban communities.

Medicaid expansion and the need-based tax credits for individual healthcare market plans in the ACA have been critical financial lifelines for rural healthcare providers. Thanks to the coverage gains we have seen in New Mexico, instead of seeing uninsured patients coming to the emergency room during expensive medical emergencies, our rural healthcare providers are able to help New Mexicans live healthier lives with primary care and a preventive medicine approach.

When medical emergencies do arise, New Mexicans have coverage that helps rural healthcare providers cover those expenses. If President Trump and Republicans in the Senate pass their healthcare bill, all of that could go away, and some of our rural healthcare providers may very well have to close up shop.

Right now, more than one-third of rural hospitals are already at risk of closure. If you look at where the hospitals that have been forced to shut down in recent years are located, they are almost all in States that chose not to expand Medicaid. We should learn a lesson from that.

I know for a fact that if hospitals shut down, healthcare delivery in rural New Mexico would be decimated and economic impact would be severe in these small towns. It is estimated that when a single hospital closes in a small rural community, nearly 100 jobs are lost, taking more than \$5 million directly out of the local economy.

A recent report by the Economic Policy Institute estimates that if Congress passes TrumpCare into law, New Mexico alone would see a loss of almost 50,000 jobs by the year 2022. Thanks in large part to the major coverage gains that we have seen under the ACA, the healthcare sector has been New Mexico's strongest area of job growth for the last 5 years. New Mexico added over 4,000 healthcare jobs in 2015 alone.

A couple of months ago, I met with students at Central New Mexico Community College, CNM, in Albuquerque, who were training for those healthcare jobs. These bright young people want to make careers out of making their communities healthier and safer. With this dangerous legislation moving through Washington, they are all worried about what it might mean for their future career plans.

Why would we want to rip the rug out from under them by wreaking havoc on the Nation's healthcare system? Again, you really have to ask yourself why Republicans are so intent on rushing through a massive piece of legislation before we can even understand its potential harmful consequences.

As I said earlier, I have heard from literally thousands of New Mexicans who have called in or written or come up to me on the street to oppose this legislation. Many of them have told me how it will directly impact their families. I could pick any one of these stories to demonstrate what is at stake in this debate, but I will leave you with just one.

Brittany, from Aztec, NM, wrote me about her two young children who were diagnosed with a rare form of food allergies that created absolutely unaffordable costs through her husband's employer-provided healthcare plan.

Brittany said that she and her husband were averaging three doctors' visits a week and were "barely keeping [their] heads above water just from paying co-pays."

After applying for Medicaid, she and her husband have full coverage for their children's medical costs. Brittany wrote to me and said:

For us Medicaid is literally lifesaving. Please do not take away this program or any of the ACA! It may not be perfect and could use some work, but taking it away altogether would be catastrophic for so many people like my family.

That is what she wrote to me.

I want to urge President Trump and I certainly want to urge my Republican colleagues in the Senate to listen to that urgent message. It is time to turn the page on the disastrous policy path that is "repeal and replace" so we can finally get to work on actually fixing those things in the current healthcare system that we all agree need work.

Our common goal—regardless of whether we are Republicans or Democrats—that we should all be working toward is making quality healthcare more accessible, more affordable for all Americans.

I would welcome a good-faith effort to tackle that challenge because healthcare policies shouldn't be a political football. It should be about giving peace of mind to the millions of Americans like Anna Marie in Las Cruces, like Brittany in Aztec, who are only one diagnosis away from a crisis if we don't get this right.

I reserve the remainder of my time.

THE PRESIDING OFFICER. The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, over the past few years, the Affordable Care Act has made tremendous strides in expanding healthcare coverage for hard-working Americans and the families who need it. I thank my colleague for his stories, and I would like to add some of my own.

While the law could certainly be improved, the way to do it is not by passing TrumpCare, which even President Trump has admitted is a "mean" bill. Unfortunately, Republican Senate leadership has indicated whatever it is that the Republicans are crafting in secret, behind closed doors, is going to be very similar to the version of TrumpCare that has passed the House. That is simply bad news.

The version of TrumpCare that passed the House could cost 23 million Americans, including 385,000 Illinoisans, to lose healthcare coverage. It would make it more expensive for older Americans and working people, especially those with preexisting conditions, to purchase insurance.

TrumpCare would cause their premiums and their out-of-pocket costs to simply skyrocket. The premiums of the average Illinoisan would increase by \$700.

TrumpCare would also make critical services like maternity care for new moms and mental health and substance abuse services significantly more expensive, even though they are desperately needed. That is extremely mean-spirited.

Making matters worse, it would also put veterans on the chopping block.

Specifically, TrumpCare would prohibit veterans who are eligible for VA healthcare from receiving tax credits to help them afford insurance in the individual marketplace. However, there is a big difference between being eligible for VA healthcare and being enrolled in VA. Oftentimes, that is not even a choice you can make.

According to the nonpartisan Congressional Budget Office, as many as 7 million of our veterans are eligible for VA care but are not enrolled. Preventing them from receiving tax credits would amount to a massive tax hike that would force them to pay thousands of dollars extra each year. That is not just mean; it is unacceptable.

There has been ample reporting indicating that Republicans knew exactly what they were doing. They could have included a fix to this but purposefully did not because that would have made their bill ineligible to be considered under the Senate's budget reconciliation process, which requires only 51 votes. That is because to remedy this huge flaw, the veterans tax credit language would need to be considered in committees of jurisdiction. That would entail holding public hearings and markups in committees, which would then reveal to the American people what exactly is in the Republican bill.

Apparently, the cost of public scrutiny is too high for Senate Republican leaders who are willing to raise taxes on veterans so they can hide this bad bill from the American people. As a result, the appalling flaws in their bill remain unfixed, and up to 7 million veterans remain on the chopping block.

That is not the only way TrumpCare would harm veterans either. Its massive cuts to Medicaid would have a direct impact on veterans, since nearly 2 million veterans across our country, including 60,000 veterans in my own home State of Illinois, rely on Medicaid for their healthcare coverage. That is 1 in 10 veterans.

For nearly 1 million of these veterans, Medicaid is their only source of coverage. Many of them are eligible for VA care only for the injuries they sustained in the military but not for any of their other health needs.

I shouldn't have to remind my colleagues that veterans are at a higher risk for serious health issues because of the sacrifices they made for our Nation. Yet, if TrumpCare becomes law, many of them will lose the coverage they gained from Medicaid expansion under the ACA.

Right now, 13 Republican Senators are sitting behind closed doors in some secret room on Capitol Hill, gambling with the lives of millions of Americans and people who have honorably served their country. One of those lives belongs to Robin Schmidt, a veteran from the North Side of Chicago.

Robin served during Desert Storm in Army military intelligence. Robin loved her job in the military because it had always been her dream to serve her country. As a 13-year-old girl, Robin

stood at the Vietnam Veterans Memorial Wall in Washington, DC. She knew that serving her country was her true calling. However, she was eventually forced to end her military career because, in her words, “the Army refused to allow my husband to come back overseas to live with me.”

When she was pregnant with her child, she was forced to leave the military in order to return home to Arkansas to be with her husband to raise their children. When she was stateside, the VA denied her benefits because they were not service-connected, thus forcing her and her husband to pay the costs of maternity care and childbirth out of pocket.

She faced medical complications and developed endometriosis, a preexisting condition, and had to have a Caesarean section during delivery. After she delivered her baby, she ended up with \$500,000 in hospital debt.

This enormous debt followed Robin and her husband throughout their marriage, and it eventually left them in divorce, medical bankruptcy, and with all of the repercussions that come from extreme financial hardship. She was also blocked from accessing affordable healthcare coverage because she now had a preexisting condition and could not afford good coverage on an \$8.50-an-hour wage, so she went without care.

Robin remained uninsured for a total of 22 years, until she remarried and gained healthcare coverage under her husband's insurance. This was especially devastating because in 2007, Robin was diagnosed with cancer. Even though Robin was covered by her husband's insurance, insurance companies were not required to cover chemotherapy in 2007, and chemotherapy was too expensive for Robin and her family to pay for out of pocket. Instead, she had to choose debilitating surgeries.

After her cancer diagnosis, Robin developed severe autoimmune arthritis. Her autoimmune treatments started at \$5,000 a month and soon increased to \$14,000 a month. Insurance companies wanted Robin to pay for her medication upfront, with no guarantee of reimbursement.

As her medical costs grew and grew, Robin had to choose between her medical care and her mortgage payment. After the Affordable Care Act became law, insurance companies were mandated to cover Robin's medications and treatments. They were no longer able to refuse her the medications she needed. Her insurance premium prior to the Affordable Care Act was \$1,600 a month, which was more than her family paid for their monthly mortgage and household bills. Now she pays just \$300 a month for her entire family. There was no more redtape, constant stress, or fear that she might not be able to work—or worse, might not be able to stay alive.

Unfortunately, the coverage, relief, and peace of mind the ACA brought to Robin and her family is now under attack by congressional Republicans.

Robin is afraid that if TrumpCare becomes law, she will once again become nothing more than an uninsurable preexisting condition. She is afraid she would be considered a high-risk pool patient who will be able to have insurance but will not be able to actually afford any of her treatments. She is afraid that if Republicans push through TrumpCare, she will not be able to walk, work, and will have absolutely no quality of life.

Her dream was to serve her country in our Armed Forces. She took two oaths to serve this country, and she kept those oaths—promises that she would defend this great Nation.

Robin may not be in uniform anymore, but she certainly deserves that we in Congress and here in the Senate defend her right to access quality healthcare.

For Robin and for nearly 7 million veterans, middle-class families, our seniors, and some of our most vulnerable Americans, I urge my Republican counterparts to stop these secret negotiations, take repeal off the table, and work with Democrats to improve our healthcare system. Just like Robin, each of these Americans has a story, a family, and a valued place in society. Robin's family and all Americans deserve better than having their coverage stripped away from them behind closed doors.

I yield back.

ORDER FOR RECESS

Mr. MCCAIN. Mr. President, I ask unanimous consent that the Senate recess, following my and Senator NELSON's remarks, until 5 p.m. for the all-Senators briefing and that the time count postcloture.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, I ask unanimous consent to be recognized to speak on issues not associated with the present subject of debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

COUP ATTEMPT IN MONTENEGRO

Mr. MCCAIN. Mr. President, last week, the Senate voted 97 to 2 to strengthen sanctions against Vladimir Putin's Russia for its attack on America's 2016 election and its other aggressive and illegal behavior. I hope the other body will take swift action to send this legislation to the President's desk.

We need strong Russia sanctions now because it has been 8 months since the U.S. intelligence community said publicly that the Russian Government directed this attack on our democracy. Yet, in the last 8 months, the Russian Government has hardly paid any price for its aggression. Thus, Vladimir Putin has been learning all over again that aggression pays. He learned that in Georgia in 2008. He learned that in Ukraine in 2014. He has learned that in Syria since 2015. So Vladimir Putin remains on the offense. This year, Russia attempted to interfere in France's election. We have already seen attempts to

influence German public opinion ahead of elections in September. And there is every expectation that Russia will do the same thing in the Czech Republic, Italy, and elsewhere in future elections.

But perhaps the most disturbing indication of how far Vladimir Putin is willing to go to advance his dark and dangerous view of the world is what happened in October 2016 in the small Balkan country of Montenegro, when Russian intelligence operatives, in league with Serbia nationalists and others, attempted to overthrow the democratically elected Government of Montenegro and murder its Prime Minister on the country's election day. Why would Vladimir Putin go this far? To answer this, one must understand why Russia was so interested in the outcome of Montenegro's election.

Russia opposes the spread of democracy, human rights, and the rule of law across Europe, which is advanced by the European Union and protected by the NATO alliance. To Russia's great frustration, Montenegro's Government had committed the country to a Euro-Atlantic future and pursued membership in both the EU and NATO.

Indeed, NATO's invitation to Montenegro to join the NATO alliance in December 2015 was considered particularly insulting and threatening by Moscow. After all, Montenegro had once been part of Russia's traditional Slavic ally, Serbia. Montenegro has long been a favorite destination for Russian tourists. Russian politicians and oligarchs are reported to own as much as 40 percent of the real estate in that country. A few years ago, when it feared losing its naval base in Syria due to the civil war, Russia reportedly sought a naval base in Montenegro but was rejected. Now, if Montenegro joined NATO, the entire Adriatic Sea would fall completely within NATO's borders.

Montenegro's accession into NATO would also send a signal that NATO membership was a real possibility for other nations of the Western Balkans—Macedonia, Bosnia and Herzegovina, Kosovo, and, according to some optimistic voices in the region, perhaps even Serbia.

That is why Montenegro's October 16 election was no ordinary one. In Russia's eyes, it was a last chance to stop Montenegro from joining NATO, to thwart Montenegro's pursuit of a Euro-Atlantic future, and to reassert Russian influence in southeastern Europe. That is why there was little doubt that Russia would exert heavy pressure on Montenegro ahead of the election. Russia had already been accused of fomenting anti-government demonstrations and funding opposition parties. Yet few would have guessed how far Russia was willing to go. But now we know.

This April, as part of my visit to seven countries in southeastern Europe to reaffirm America's commitment to the region, I visited Montenegro and was briefed by Montenegrin officials on

the status of the investigation into the coup attempt. On April 14, Montenegro's special prosecutor filed indictments against 2 Russians and 12 other people for their roles in the coup attempt. This past weekend, a Montenegrin court accepted the indictments. As a result, the evidence before the court is now public.

I believe it is critically important that my colleagues and the American people are aware of the allegations made in these indictments. Pieced together, they reveal another blatant attack on democracy by the Russian Government—an attempt to smash a small, brave country that had the nerve to defy its will. And it is another unmistakable warning that Vladimir Putin will do whatever it takes to achieve his ambition to restore the Russian Empire.

According to the indictments, the coup planning got off to a slow start in March 2016. That was when opposition leaders in Montenegro allegedly sent an emissary known as Nino to Belgrade to meet with Slavko Nikic. In the first meeting at Slavko's office, Nino said that he had been doing business for years in Russia, and he claimed that he was in contact with powerful men in Russia. He claimed that one of the men with him was a Russian FSB agent in charge of special tasks. Nino tried to enlist Slavko and his men to lead a plot to destabilize Montenegro, and Slavko indicated he was able and willing to participate. Later, Nino and Slavko met on the Pupin Bridge in Belgrade, this time with the supposed FSB agent in tow. The Russian told Slavko it would be good if he traveled to Moscow.

After these encounters in Belgrade, Nino enlisted the help of Bratislav Dikic, the former chief of Serbia's special police and someone we will meet later in this story, to use his contacts to check into Slavko's reliability. He didn't pass the test, and this original version of the coup plot was abandoned.

It was at this point that the two Russians, Eduard Shishmakov and Vladimir Popov, stepped in to take control of the plans for destabilization operations in Montenegro. Both of these men are believed to be members of the Russian military agency, the GRU.

Shishmakov in particular already had a colorful past. In 2014, Shishmakov had been serving as deputy military attache in Russia's Embassy in Warsaw, Poland. After a scandal involving a Russian spy network within the Polish Government, the Polish Government identified Shishmakov as a GRU agent, declared him persona non grata, and ejected him from Poland.

Having taken over the Montenegrin operation, Shishmakov moved quickly to contact Sasa Sindjelic. The two had first met in Russia back in 2014, when they discussed their opposition to the EU and NATO. Shishmakov even offered to help support Sindjelic's orga-

nization, the Serbian Wolves, which promotes Pan-Slavism and close relations between Russians and Serbs and opposes NATO and the Government of Montenegro.

The two met again in Moscow in 2015. This time, Shishmakov had Sindjelic submitted to a polygraph test that lasted for hours. After the test went well, he sent Sindjelic home with \$5,000 and a promise to contact him if something urgent came up. That was in the spring of 2016. Shishmakov wrote that Montenegro's Prime Minister, Milo Djukanovic, and his government must be removed immediately and that the people of Montenegro must rebel in order for this to happen.

Then in September 2016, Shishmakov told Sindjelic to urgently come to Moscow. Shishmakov even sent \$800 to Sindjelic to buy his ticket. It was no trouble for Shishmakov to send the money—after all, he sent it from a Western Union conveniently located on the same street as GRU headquarters in Moscow. Once in Moscow, Shishmakov and Sindjelic discussed the planning and operation of the plot to overthrow the Montenegrin Government, install the opposition in power, and abandon all plans for Montenegro to enter NATO. Shishmakov said opposition leaders from Montenegro had already visited Moscow a number of times and were in agreement with the plan.

In total, Sindjelic received more than \$200,000 to support the operation. He used those funds to pay personnel, acquire police uniforms and equipment, and purchase weapons, including rifles, gas masks, bulletproof vests, electrical tranquilizers, and a drone with a camera. He was also provided encrypted phones to enable secure communications between the coup plotters and GRU agents.

Sindjelic and Shishmakov stayed in close touch as preparations continued ahead of the October elections. The plan was this:

On election day, the Montenegrin opposition was planning large protests in front of the Parliament, expecting to draw nearly 5,000 people. Sindjelic and his coconspirators, including Bratislav Dikic, the former commander of the Serbian special police, would recruit as many Serbian nationalists as they could to travel from Serbia to Montenegro to join the demonstrations. They were hoping 500 would join the protests and be ready to act when called upon.

As the protests were underway, a group of 50 armed men recruited by Shishmakov and wearing police uniforms provided by Sindjelic would ambush and kill the members of Montenegro's Special Anti-Terrorist Unit to prevent them from interfering with the coup. The armed men, still wearing their police uniforms, would then proceed to the Parliament building, where they would begin shooting at members of the police defending the Parliament building. They hoped to create the impression that some mem-

bers of the police were changing sides and joining the protesters against the government. As the coup plotters saw it, this was poetic justice—reminiscent of how former Serbian President and convicted war criminal Slobodan Milosevic had fallen from power.

Led by the coup plotters and the Serbian nationalists, who would wear blue ribbons to be recognizable to one another, the protesters would then storm the Parliament building and declare victory for the opposition. Within 48 hours, the new government would be formed and arrests would be made across the capital, including Prime Minister Djukanovic. If the Prime Minister could not be captured, he would be killed.

The coup plotters obviously wanted to create chaos, and it appears they may have had someone in mind to blame for the violence. Ahead of the election, the Montenegrin opposition hired a U.S. company to provide services, including countersurveillance and planning to extract personnel from the Montenegrin capital, around the time of the election. It is still unclear, the precise nature of this outreach to the U.S. company by the Montenegrin opposition or what services the company may have ended up providing, if any. Now, this is speculation, but if I know the Russians, American security personnel—some likely to have military or intelligence background—on the ground during the coup in the Montenegrin capital would have made excellent patsies for stories on Sputnik and Russia Today.

Fortunately—one might even say luckily—the plan never got off the ground. Four days before election day, one of the coup plotters got cold feet and informed the Montenegrin authorities. On election day, Montenegrin police arrested 20 Serbian citizens, including the on-the-ground leader of the nationalist protesters, Bratislav Dikic, the former commander of the Serbian special police. News of the arrests sparked fear among others involved in the plot, many of whom retreated to Serbia.

Furious that the plot had been disrupted, Shishmakov, the Russian GRU agent, grasped at straws for new ways of bringing down the Montenegrin Government. He ordered Sindjelic to procure an assassin to kill the Prime Minister. Sindjelic did not carry out that order and later turned himself into police, fearing he would be next for assassination by the GRU.

Shishmakov also ordered a false flag attack on the opposition party headquarters to create the appearance of an attack by the government. He even hoped to entice one of the political parties that was part of the Prime Minister's coalition to leave the government with a bribe using Russian money funneled through Chechnya. Again, fortunately none of this worked.

Montenegrin police made several arrests in the aftermath of this failed coup attempt, but those arrests did not

include the alleged GRU agents, Mr. Shishmakov and Mr. Popov. They were in Belgrade, Serbia's capital. Presumably, Montenegrin authorities hoped the Serbian Government would consider expediting the pair to Montenegro as the government had done with some of the lower level coup plotters, but that did not happen, and the two Russian agents returned to Moscow.

I know that sounded a little complicated. Every American should be disturbed by what happened in Montenegro. We should admire the courage of the country's leaders who resisted Russian pressure and persevered to bring Montenegro into the NATO alliance, which finally took place officially 2 weeks ago.

If there is one thing we should take away from this heinous plot, it is that we cannot treat Russia's interference in America's election in 2016 as an isolated incident. We have to stop looking at this through the warped lens of politics and see this attack on our democracy for what it is—just one phase of Vladimir Putin's long-term campaign to weaken the United States, to destabilize Europe, to break the NATO alliance, to undermine confidence in Western values, and to erode any and all resistance to his dark and dangerous view of the world.

That is why Putin attacked our 2016 election. That is why Putin attempted to overthrow the Government of Montenegro. That is why he tried to influence the election in France and will try the same in Germany and elsewhere throughout Europe. That is why it probably will not be long before Putin attempts some punitive actions in Montenegro to show other countries in the Western Balkans what happens when you try to defy Russia.

That is why it will not be long before Putin takes interest in another American election. The victim may be a Republican. It may be a Democrat. To Putin, it will not matter as long as he succeeds in dividing us from one another, weakening our resolve, undermining confidence in ourselves, and eroding our belief in our own values.

I urge my colleagues again that we must take our own side in this fight, not as Republicans, not as Democrats but as Americans. It is time to respond to Russia's attack on American democracy and that of our European allies with strength, with resolve, with common purpose, and with action.

I would like to finally add we will be holding a hearing in the Armed Services Committee on this whole situation that took place in Montenegro.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, before the Senator from Arizona leaves the floor, he and I are very much in syncope on the question of what he has just eloquently addressed about the Russian attempts to interfere in other countries as well as in our country with regard to the elections.

I just wanted to pose a question to the Senator. Is the Senator aware, as he obviously is—but it is my rhetorical question—that the Russians have already intervened in the elections of other countries and indeed tried and it boomeranged against them against France and are probably in the midst of trying to interfere with the German election?

Mr. McCAIN. Mr. President, every indication, I would say to my friend from Florida, a most valued member of the Armed Services Committee, they will continue to try to interfere in any election they possibly can. They are spending large amounts of money. They have certainly, to some degree, undermined confidence between countries in the NATO alliance, and that, coupled with the degree of uncertainty here in Washington, has probably put as great a strain on the NATO alliance as you have seen since its very beginning. I thank my colleague from Florida.

Mr. NELSON. Mr. President, one further question. Has the Senator been—well, he obviously is aware, and he has obviously been briefed—but can he help convey the gravity of the situation of Russia's interference in the upcoming elections in 2018 and 2020, where not only is it a question of whether they would change the vote count by getting in and hacking, but they could change the registration records so that a voter could show up to vote on election day and suddenly the registrar says: But you are not registered.

Mr. McCAIN. Mr. President, I would just say to my colleague from Florida that when you look at their early attempts versus their latest attempts, they learn with every experience. It is a lot easier—as my colleague from Florida knows, it is a lot easier to play offense than defense.

We are going to have a hearing on this whole Montenegrin thing, and I know the Senator from Florida will play a very significant role. Every time we turn around, we have a new revelation of some of the activities that have been carried out, not just by Russian hackers but by Chinese, by Iranian, even by single individuals. This is probably the national security challenge that may not be the greatest, but I would say we are the least prepared for.

Mr. NELSON. Mr. President, this Senator certainly looks forward to that hearing in the Senate Armed Services Committee. I thank the chairman for his leadership in constantly bringing up and reminding the American people of the threat that is coming through cyber attacks into this Nation and others.

HEALTHCARE LEGISLATION

Mr. President, I wanted to speak about what is going on here in this Capitol at this moment. It has been the subject of a lot of discussion last night and again as we have been in session today; that is, trying to hatch a plan to overturn the Affordable Care Act and to find something that would replace it. In fact, it is being done in secret.

I would just merely pose the question, Why is it being done in secret if it is to be something that is to help the American people more than what the existing law is? Why wouldn't that be something you would want to expose to the light of day? If it is to improve the existing law, why in the world would that not want to be done on a bipartisan basis?

Yet we find ourselves confronting a situation where the majority leader has said he is trying to cobble together 50 votes to overturn the existing law, and it must be something that is not very palatable in what it is to overturn the existing law. Otherwise, it would be done in the open and in the sunshine.

Now, the existing law is not perfect so we ought to improve it, but the existing law, as we have heard in some of these dramatic townhall meetings, is the reason some people are alive today. It is the reason some folks no longer have to worry about being denied coverage for a preexisting condition.

By the way, that requirement of not allowing an insurance company to deny you coverage because you have a preexisting condition is not applicable just to those who are on the State and Federal exchanges. That is applicable to all insurance policies.

So if you have that kind of condition, which I can tell you might be a condition such as asthma, we are not going to insure you for the rest of your life because you had asthma or, if you want to go to the extreme—and it has been done—an insurance company saying: I am not going to insure you because you have had a rash. The flip side of that is insurance companies put a lifetime limit on it so if they pay out up to a certain amount—let's say \$50,000—the insurance policy stops, no more payouts.

That is not according to the existing law. In the existing law, they can't say you are going to lose your coverage because you hit that lifetime limit cap that their payout is.

Every day I hear from Floridians who tell me how the House-passed bill would affect them and what we speculate, since we don't know, that the Senate bill that is attempting to be brought out at the last minute next week—what we suspect is going to be in it. Every day I hear from people.

So take, for example, the lady from Sebring, FL, Christine Gregory. She has allowed me to use her name.

My daughter has Juvenile Diabetes (Type 1). She was diagnosed at age 15 . . . when the Affordable Care Act was signed into law. I absolutely rejoiced about the end of all the horrible things that come along with having a pre-existing condition. She no longer had to worry about cancellation of her insurance, waiting periods, denial of coverage, annual and lifetime limits, higher premiums, and the dreaded high-risk pools.

Then she continues to write:

Fast forward to 2017. All the fear and the worry are back. Our President and Congress plan to repeal and replace the Affordable Care Act. Now she has the very real prospect of having to enter a very expensive high-risk

pool. That could mean bankruptcy and denial of needed medicines and care.

Take, for example, an unnamed constituent from Florida's panhandle who wrote me. I got this today.

I have chronic and persistent illnesses that would be debilitating without affordable and comprehensive care. I have chronic back pain from degenerative disc disease in every part of my spine. I have had innumerable procedures to help manage the pain, including epidural and targeted nerve block injections at multiple levels.

This unnamed individual, a constituent of mine, continues:

I am now planning to get radio frequency ablation of the nerves. Using pre-ACA rules—

Before the existing law—

I would have hit my lifetime limit at least 1 year ago and been unable to continue getting pain-managing treatment. I often feel like I am a burden to my wife who is one of the most understanding and supportive people I know.

He concludes:

If the AHCA passes and our insurance and total health costs go up significantly, the burden I feel I am right now will become a reality. Please, I deserve more than to suffer from uncontrollable pain. And my wife deserves more than to have to care for me in that condition.

The existing law is not perfect, but it has given millions of people, including those with preexisting conditions like juvenile diabetes, access to healthcare they otherwise would not receive. This healthcare bill that passed the House that is the model for apparently something—for taking it out of that—if they are ever going to get an agreement between the two Houses, that Republican healthcare bill will take us back to the days when it was nearly impossible for people with a preexisting condition to get health insurance coverage. People with asthma could be forced to pay more than \$4,000 more because of that preexisting condition. People with rheumatoid arthritis could be forced to pay up to \$26,000, and people who are pregnant could pay more and more and more.

Let me tell you about another constituent from Volusia County who shared how the repeal of this would affect her.

She writes:

My husband, a 50-year-old leukemia survivor, would lose his ability to obtain comprehensive health insurance due to the lack of protections for people with preexisting conditions.

My daughter, who has asthma and rheumatoid arthritis, would lose her ability to obtain comprehensive health insurance due to the lack of protections for people with pre-existing conditions. Our family, all hard working, tax paying Americans, will once again be subjected to annual and lifetime limits which could easily bankrupt us.

My daughter, who is a young woman just starting her career, would lose her ability to purchase affordable health insurance and receive tax subsidies that she currently receives under the Affordable Care Act.

She goes on to say that she is afraid that TrumpCare would relegate them, if you change all of that, to second class citizens.

Why am I saying this about pre-existing conditions with regard to what was passed at the other end of this hallway, down at the House of Representatives? They say: No, no, pre-existing conditions are not eliminated down there. But that does not tell you the whole story. The whole story is that, in the House-passed bill, it is left up to the States, and the States see that as a way of so-called lowering their premiums. If you start doing that for some and do not keep it spread over the millions and millions of people who are now under the protection of the preexisting conditions, it is going to become a select few more, and it is going to spike the cost of that insurance.

I conclude by telling you another part of what happened down there in the House. In effect, they changed Medicaid as we know it by cutting out of it over \$800 billion over a 10-year period. Donna Krajewski, from Sebastian, FL, wrote to me recently to tell me what Medicaid is for her family.

She writes:

I am writing this letter on behalf of my son . . . who has Down syndrome. . . . These blocks—

That is the technical term they are using in the House of Representatives. In other words, it is capping Medicaid to each of the States—

or caps [on Medicaid] will cause States to strip critical supports that my son needs to live, learn and work in the community.

These [Medicaid] funds have enabled him to participate in an adult supervised day program and transportation to and from the site. This program involves classes, such as daily living skills, social skills, and daily life skills. He is also able to go out once or twice a week to socialize. . . . He has become more confident and happy with his life.

We need to find ways to improve the healthcare system. We need to fix the existing law. We do not need to unwind all of the good things that we have done. We need to fix it in a bipartisan way so that, when folks come to me and ask, "Senator, what are we going to do to fix it?" what I will then say is that it is my responsibility to do something.

Last week, I filed a bill, with a number of other Senators, that would lower healthcare premiums for people in Florida by up to 13 percent. What it would do is help to stabilize the existing law's insurance marketplace by creating a permanent reinsurance fund that would lower the risk that insurance companies face—a risk pool, a reinsurance fund.

It is kind of like what we did back when I was the elected insurance commissioner of Florida in the aftermath of the monster hurricane—Hurricane Andrew. Insurance companies just simply could not take the risk that a category 5 would come along, hit directly on the coast, and just wipe out everything—wipe out all of the capital reserve the insurance companies had. What they did was to go to a reinsurance fund for hurricanes, which we actually created in Florida—the cata-

strophic reinsurance fund—so that the insurance companies could reinsure themselves against a catastrophic hurricane loss.

That is exactly what this proposal is. It would lower premiums by 13 percent and create a reinsurance fund—a permanent one—that would lower the risk to the insurance companies that are insuring people's health.

At least one Florida insurer estimates that this bill, if passed, would reduce premiums for Floridians who get their coverage from healthcare.gov by 13 percent between 2018 and 2020.

So you ask: What is a suggestion? I figured that it was my responsibility to come up with a suggestion on how to fix it. This is one of several fixes, and it is a tangible fix, and it is, in fact, filed as legislation.

What we are facing in the suggestion that I have made is not the ultimate solution to solving the healthcare system, but it is one small step in the right direction to making health insurance available and affordable for the people who need it the most.

How are we going to fix it?

You are not going to do it by running around in the dead of night, secretly putting together a plan that is only going to be a partisan plan. If you are going to fix the healthcare system, you are going to have to do it together, in a bipartisan way, building consensus. That is what I urge the Senate to do instead of what we are seeing happen behind closed doors.

Let's get together. Let's work together to make healthcare more affordable for people and stop all of this stuff behind the closed doors. The American people deserve better.

I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 5 p.m.

Thereupon, the Senate, at 4:25 p.m., recessed until 5 p.m. and reassembled when called to order by the Presiding Officer (Mr. JOHNSON).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, it is hard to argue that ObamaCare is not a failing law. Seven years after it became law, its laundry list of problems continues to grow: higher premiums, higher deductibles, customers losing healthcare plans, patients losing doctors, fewer choices, failed co-ops, unraveling exchanges. And, unfortunately, without action, that list will only get longer and the consequences will only become more severe. Republicans know that. Democrats know that. Unfortunately, many Americans know it firsthand.

The American people deserve better, and they rightly expect us to act. That